

DEMOGRAPHIC AND HEALTH SURVEYS
OUT-OF-POCKET HEALTH EXPENDITURES MODULE
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)					
PLACE NAME _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> INT. NO. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
RESULT*	_____	_____	_____	RESULT* <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
NEXT VISIT: TIME <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>					
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> TOTAL ELIGIBLE MEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> TRANSLATOR (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6 </div> </div>					
SUPERVISOR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NAME</div> <div>NUMBER</div> </div>		FIELD EDITOR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NAME</div> <div>NUMBER</div> </div>		OFFICE EDITOR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NUMBER</div> </div>	KEYED BY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NUMBER</div> </div>

(1) This section should be adapted for country-specific survey design.
Note: Brackets [] indicate items that should be adapted on a country-specific basis.

COLUMNS TO ADD TO HOUSEHOLD SCHEDULE:

INPATIENT		OUTPATIENT		
21	22	23	24	25
In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE. CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight at a health facility?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE. CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
Y N DK 1 2 8 ↓ GO TO 23	01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	01
1 2 8 ↓ GO TO 23	02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	02
1 2 8 ↓ GO TO 23	03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	03
1 2 8 ↓ GO TO 23	04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	04
1 2 8 ↓ GO TO 23	05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	05
1 2 8 ↓ GO TO 23	06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	06
1 2 8 ↓ GO TO 23	07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	07
1 2 8 ↓ GO TO 23	08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	08
1 2 8 ↓ GO TO 23	09	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	09
1 2 8 ↓ GO TO 23	10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	10

INPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE:</p> <p align="center"> ONE OR MORE <input type="checkbox"/> INPATIENTS </p> <p align="center"> NO <input type="checkbox"/> INPATIENTS </p>		→ 301
202	Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months.		
203	<p>CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE.</p> <p>INPATIENT NAME _____ LINE NUMBER <input type="text"/> <input type="text"/></p>		
204 (1)	Where did (NAME) most recently stay overnight for health care?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>OTHER PUBLIC SECTOR 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
205	What was the main reason for (NAME) to seek care this most recent time?	<p>PREGNANCY/DELIVERY 01</p> <p>ILLNESS 02</p> <p>ACCIDENT/INJURY 03</p> <p>OTHER 06</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 08</p>	
206	During the most recent overnight stay, did (NAME) have surgery?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
207	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE 00000</p> <p>IN KIND ONLY 99995</p> <p>DON'T KNOW 99998</p>	
208	Did (NAME) stay overnight at a health facility another time in the last six months?	<p>YES 1</p> <p>NO 2</p>	→ 220

NO.		CODING CATEGORIES	SKIP					
	INPATIENT NAME _____	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>						
209 (1)	Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST 13 OTHER PUBLIC SECTOR 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY)						
210	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY 03 OTHER 06 (SPECIFY) DON'T KNOW 08						
211	During the next-to-last overnight stay, did (NAME) have surgery?	YES 1 NO 2 DON'T KNOW 8						
212	How much money was spent on treatment and services (NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> NO COST/FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998						
213	Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1 NO 2	→ 220					
214 (1)	Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST 13 OTHER PUBLIC SECTOR 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY)						

NO.		CODING CATEGORIES	SKIP
	INPATIENT NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	
215	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY 03 OTHER 06 (SPECIFY) DON'T KNOW 08	
216	During the second-to-last overnight stay, did (NAME) have surgery?	YES 1 NO 2 DON'T KNOW 8	
217	How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	
218	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1 NO 2	→ 220
219	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/> DON'T KNOW 98	
220	Is (NAME) covered by any health insurance?	YES 1 NO 2 DON'T KNOW 8	→ 222
221 (2)	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE 1 HEALTH INSURANCE THROUGH EMPLOYER 2 SOCIAL SECURITY 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
222	CHECK COLUMN 22 IN THE HOUSEHOLD SCHEDULE: ANY MORE INPATIENTS? MORE INPATIENTS <input type="checkbox"/> → (GO TO 203 FOR NEXT INPATIENT) ←	NO MORE INPATIENTS <input type="checkbox"/> →	→ 301

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES (PAPER OPTION) ³

301 CHECK COLUMN 25 IN HOUSEHOLD SCHEDULE:

ONE OR MORE ELIGIBLE
OUTPATIENTS ☐NO ELIGIBLE
OUTPATIENTS ☐

→ 311

TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT BELOW THE TABLE IN 302.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN 302.

LAST DIGIT OF THE HOUSE- HOLD QUESTION- NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

302

NAME
OF SELECTED OUTPATIENT _____HH LINE NUMBER
OF SELECTED OUTPATIENT

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
303 (1)	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER/CHW 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>FIELDWORKER/CHW 26</p> <p>OTHER PRIVATE MEDICAL SECTOR 27</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>TRADITIONAL PRACTITIONER 42</p> <p>OTHER 46</p> <p>(SPECIFY)</p>							
304	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	<p>COST <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>NO COST/FREE 00000</p> <p>IN KIND ONLY 99995</p> <p>DON'T KNOW 99998</p>							
305	What was the main reason for (NAME) to seek care this most recent time?	<p>FAMILY PLANNING 01</p> <p>ANTENATAL CARE/DELIVERY</p> <p>POSTNATAL CARE 02</p> <p>MALARIA 03</p> <p>FEVER 04</p> <p>DIARRHEA 05</p> <p>HIV/AIDS/STD 06</p> <p>OTHER ILLNESS 07</p> <p>CHECK-UP/PREVENTIVE CARE 08</p> <p>ACCIDENT/INJURY 09</p> <p>VACCINATION 10</p> <p>OTHER 96</p> <p>(SPECIFY)</p>							
306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	<p>YES 1</p> <p>NO 2</p>	→ 309						
307	How many other times did (NAME) get care in the last four weeks?	<p>NUMBER OF OUTPATIENT VISITS <table><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>							

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY <input type="text"/> <input type="text"/> DON'T KNOW 98	
309	Is (NAME) covered by any health insurance?	YES 1 NO 2 DON'T KNOW 8	→ 311
310 (2)	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE 1 HEALTH INSURANCE THROUGH EMPLOYER 2 SOCIAL SECURITY 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for all the members of your household?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 00000 IN KIND ONLY 99995 DON'T KNOW 99998	

HEALTH EXPENDITURES: FOOTNOTES

- (1) Coding categories to be developed locally; however the broad categories must be maintained.
- (2) If a health service prepayment or other types of plans are available in the country, add those types of plans to the question.
- (3) If the survey will be conducted using paper questionnaires, retain "SELECTION FOR OUTPATIENT HEALTH EXPENDITURES". If the survey will be conducted using CAPI, delete the "SELECTION FOR OUTPATIENT HEALTH EXPENDITURES", because the selection will be done automatically.